

Infant Baptism Application Form



Date: _____

In order for your child to be baptized one or both parents must be a confirmed or baptized member of the church.

Parental Information:

Name: _____
First (Given) Last (Family)

Birthday: ____/____/____
YYYY MM DD

Baptismal Status: Adult Baptized Infant Baptized & Confirmed None

Email: _____

Spouse Info:

Name: _____
First (Given) Last (Family)

Birthday: ____/____/____
YYYY MM DD

Baptismal Status: Adult Baptized Infant Baptized & Confirmed None

Email: _____

Home Phone: _____

Address: _____

City: _____ Postal Code: _____

This is our _____ child to be baptized.

Infant Information:

Name: _____
First (Given) Middle Last (Family)

Birthday: ____/____/____ Gender: Male Female
YYYY MM DD

Infant's name as you want it to appear on your certificate:

Parent's name(s) as you want it to appear on your certificate:

(Example: John & Joanne Kim, John Kim & Joanne Ahn)